

**RECEIVED
CENTRAL FAX CENTER**

001/029

NOV 28 2005

MORRISON | FOERSTER

755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304 1018

TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MORFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.

DALLAS, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WASHINGTON, CENTURY CITY

TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
Examiner S. Chen U.S. Patent and Trademark Office	571-273-0726	571-272-0726

FROM: Debra J. Glaister
Senior Patent Agent

DATE: November 22, 2005

Number of pages with cover page:	29
-------------------------------------	-----------

Preparer of this slip has confirmed that facsimile number given is correct: 7230/PME2

Comments:

COURTESY COPY

Examiner: S. Chen
Art Unit: 1632
U.S. Patent Application Serial No.: 09/457,931
Filing Date: December 8, 1999
Inventor: H. Ralph SNODGRASS
Title: TOXICITY TYPING USING EMBRYOID BODIES
Docket No.: 441472000100

Note that the courtesy copy faxed on November 21, 2005 was missing 1 page. Attached please find a complete courtesy copy of the Supplemental Information disclosure Statement as filed on November 17, 2005 for the above-identified patent application.

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

pa-1027568

NOV 28 2005

PTO/SB/21 (09-04)

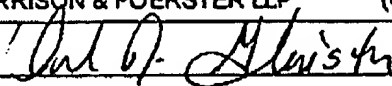
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/457,931	
	Filing Date	December 8, 1999	
	First Named Inventor	H. Ralph SNODGRASS	
	Art Unit	1632	
	Examiner Name	S. Chen	
Total Number of Pages in This Submission	28	Attorney Docket Number	441472000100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b + copy - 2 pages Two (2) references - 20 pages Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Debra J. Gialster		
Date	November 17, 2005	Reg. No.	33,888

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: November 17, 2005	Signature:  (Patricia M. Ellison)

pa-1026432

NOV 28 2005

P10V58/17 (12-04v2)

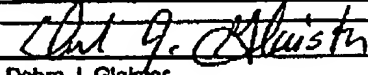
Approved for use through 1/31/2006 OMB 0651-0037
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/457,931	Filing Date December 8, 1999
		First Named Inventor H. R. SNODGRASS	Examiner Name S. Chen
		Art Unit 1632	Attorney Docket No. 441472000100
TOTAL AMOUNT OF PAYMENT (\$) 180.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims 67 - 80 = 0		Extra Claims 0 x 50 = 0.00		Multiple Dependent Claims		Fee (\$) Fee Paid (\$) 360 0.00	
Indep. Claims 3 - 5 = 0		Extra Claims 0 x 200 = 0.00					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 = 50		Extra Sheets 50		Number of each additional 50 or fraction thereof 1		Fee (\$) Fee Paid (\$) 250 0.00	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 33,888	Telephone (650) 813-6725	
Name (Print/Type) Debra J. Glalster	Date November 17, 2005		

11/29/2005-AKELECH1 00000054-031952-09457931

01-FC:1806

-180.00-DA

pa-1026440